

## Foster Family Home - Corrective Action Report

Provider ID: 1-190069

Home Name: Lilibeth Y. Ramel, CNA

Review ID: 1-190069-1

94-1157 Halelehua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/11/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 1/1/20.

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No first year APS/CAN and fingerprints for all HHM's.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(1) - PCG needs at least one SCG.

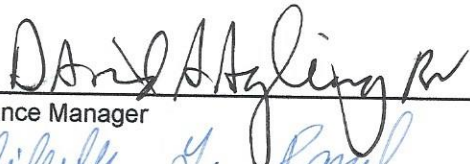
41.(f)(1) - No TB clearance for all HHM's.

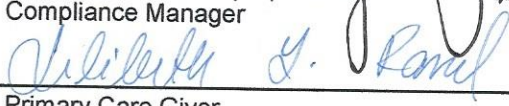
### Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2) - No grab bars in bathtub area.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Lilibeth Adult Foster Care Home

CCFFH Address: 94-1157 Halelehua St. Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2)	I received current APS/CAN and Fingerprint all household members, placed them in my CCFFH binder.	1/02/20	I will get APS/CAN, Fingerprint and Tb Clearance when new member move in.
41.(f)(1)	I received TB clearance for all household members.	12/11/19	
41.(b)(1)	I hired and added an approved Secondary care giver.	12/30/19	I will always have at least one Secondary care giver at all times.
49.(a)(2)	I had my husband installed a grab bar to the client bathtub.	12/12/19	I will always have grab bar in the client bathtub.

Primary Caregiver's Signature: Lilibeth Y. Ramel

Print Name: LILIBETH Y. RAMEL Date of Signature: 1/1/20